

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021628

1. Entity Name

EVIA ENTERPRISES INC

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90091 010 ***158.75

Principal Place of Business

Mailing Address

7137 ST. ANDREWS RD.
LAKE WORTH FL 33467
US

7137 ST. ANDREWS RD.
LAKE WORTH FL 33467-1329
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0482002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOANNIDES, JOHN
161 CARIBE CT
WEST PALM BEACH FL 33413

Name

Ioannides, John

Street Address (P.O. Box Number is Not Acceptable)

7137 St. Andrews Rd

City

Lake Worth

FL

Zip Code

33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **IOANNIDES, JOHN**
STREET ADDRESS **161 CARIBE CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☒ Change ☐ Addition
NAME **Ioannides, John**
STREET ADDRESS **7137 St. Andrews Rd**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **S** ☐ Delete
NAME **IOANNIDES, CECILIA**
STREET ADDRESS **161 CARIBE CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☒ Change ☐ Addition
NAME **Ioannides, Cecilia**
STREET ADDRESS **7137 St. Andrews Rd**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (561) 642-9868

Date

Daytime Phone #

CR2E034 (9/99)